



## VERIFICATION OF OUT-OF-STATE LICENSE

To: State Licensing Board, \_\_\_\_\_

From: \_\_\_\_\_ License No. \_\_\_\_\_  
Applicant's Name

The above named person is applying for a license to practice as a funeral director and/or embalmer in Washington State. The Washington Board of Funeral Directors and Embalmers requires that this form be completed by the state board of each state in which the applicant is licensed or has been licensed. Please complete this verification form and return it to:

**Department of Licensing**  
**Funeral and Cemetery Licensing**  
**P. O. Box 9012**  
**Olympia, WA 98507-9012**

Telephone (360) 664-1555

This is to verify that \_\_\_\_\_ was issued the following license(s):

☐ Funeral Director license no. \_\_\_\_\_, issued \_\_\_\_\_

☐ Embalmer license no. \_\_\_\_\_, issued \_\_\_\_\_

☐ Mortician (*dual license*) license no. \_\_\_\_\_, issued \_\_\_\_\_

License(s) current? ☐ Yes ☐ No

License(s) issued on what basis?

☐ National Board waiver

☐ Reciprocity with (*indicate state*) \_\_\_\_\_

☐ State examination (*please list exam subjects and scores*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has applicant's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, for what reason? Please attach information and pertinent documents.

\_\_\_\_\_

**X** \_\_\_\_\_  
Verifier's Signature Title Date

(Board Seal)